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7590

08/28/2006

MATTHEW E CONNORS, ESQ.  
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 Suite 2300  
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Deborah M. Costello	(Depositor's name)
<i>Deborah M. Costello</i>	(Signature)
11-28-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/677,804	10/02/2003	Rajesh Menon	MIT.9299	9654

TITLE OF INVENTION: SYSTEM AND METHOD FOR HOLOGRAPHIC FABRICATION AND REPLICATION OF DIFFRACTIVE OPTICAL ELEMENTS FOR MASKLESS LITHOGRAPHY

12/05/2006 CNGUYEN1 00000100 10677804

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID	TOTAL FEE(S) DUE	
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCPHERSON, JOHN A	1756	430-321000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gauthier & Connors LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Massachusetts Institute of Technology

Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 190079 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Matthew E. Connors*

Date

11/28/06

Typed or printed name

Matthew E. Connors

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33,298

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